

COPY

PATENT

Attorney's Docket No. 2985R-01

COMBINED DECLARATION AND POWER OF ATTORNEY

(ORIGINAL, SUPPLEMENTAL, DIVISIONAL,
CONTINUATION OR CIP)

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is of the following type: (*check one applicable item below*)

original design supplemental
 divisional continuation continuation-in-part (CIP)

INVENTORSHIP IDENTIFICATION

My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TITLE OF INVENTION

LUBRICANTS WITH THE COMBINATION OF A MOLYBDENUM COMPOUND, A PHOSPHORUS COMPOUNDS AND DISPERSANTS

SPECIFICATION IDENTIFICATION

the specification of which: (*complete (a) or (b)*)

(a) is attached hereto.

(b) was filed on December 22, 2000 as [] Serial No. 0 / _____
or Express Mail No. EK347081671US, as Serial No. 0 / _____
and was amended on _____ (*if applicable*).

ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37, CODE OF FEDERAL REGULATIONS, § 1.56.

POWER OF ATTORNEY

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (*List name and registration number.*)

Michael F. Esposito, 29,506
Teresan Gilbert, 31,360
Samuel B. Laferty, 31,537

David M. Shold, 31,664
Joseph P. Fischer, 31,758
William C. Tritt, 32,510

SEND CORRESPONDENCE TO
THE LUBRIZOL CORPORATION
Patent Dept. - Patent Administrator
29400 Lakeland Boulevard
Wickliffe, Ohio 44092-2298

DIRECT TELEPHONE CALLS TO:
(Name and telephone number)

William C. Tritt
(216) 621-1113

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under SECTION 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

Full name of sole or first inventor: Michael P. Gahagan

Inventor's signature Mukul Saharan

Date 22 January 2001 Country of Citizenship: United Kingdom

Residence: Derbyshire, England

Post Office Address: 78 Otter Street
Derby
Derbyshire
DE1 3FB
England

Full name of second joint inventor, if any:

Inventor's signature _____

Date _____ Country of Citizenship: _____

Residence:

Post Office Address:

CHECK PROPER BOXES FOR ANY OF THE FOLLOWING ADDED PAGE(S) WHICH FORM A PART
OF THIS DECLARATION

[] Signature for fourth and subsequent joint inventors. Number of pages added

Added pages to combined declaration and power of attorney for divisional, continuation, or continuation-in-part (CIP) application.

[] Number of pages added _____.

* * *

If no further pages form a part of this Declaration then end this Declaration with this page and check the following item

This declaration ends with this page